



Incident Report

Print Date/Time: 07/20/2016 11:24
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00008329

Incident Date/Time: 5/3/2016 11:10:00 AM
Location: 717 SR 9 NE
LAKE STEVENS WA 98258
Phone Number:
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 4
Status: 3
Nature of Call:

Unit/Personnel

| Unit | Personnel |
|------|-------------------|
| 19D3 | SS0130-Rutherford |

Person(s)

| No. | Role | Name | Address | Phone | Race | Sex | DOB |
|-----|-----------------|---------------|---------|-------|------|-----|-----|
| 1 | Reporting Party | MAHER, JORDAN | | | | | |

Vehicle(s)

| Role | Type | Year | Make | Model | Color | License | State |
|------|------|------|------|-------|-------|---------|-------|
|------|------|------|------|-------|-------|---------|-------|

Disposition(s)

| Disposition | Count |
|-------------|-------|
| R | 1 |

Property

| Date | Code | Type | Make | Model | Description | Tag No. | Item No. |
|------|------|------|------|-------|-------------|---------|----------|
|------|------|------|------|-------|-------------|---------|----------|

05/03/2016 : 11:11:58 SP0333 Narrative: CC, COLD, SUS INFO, RP WAITING NEAR TEALISH-BLU HONDA NEAR CONTOS, DOESN'T HAVE CELL PH

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E542060**CASE # **160008329**LOCAL AGENCY
CODINGTOTAL # OF
UNITSOBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **05** - **03** - **2016** **1110** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**717 SR9**

BLOCK NO.

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

200**00**

MILES

N ☐E ☒S ☒W ☐**STATE ROUTE 9**

UNIT 01

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

DAMAGE THRESHOLD MET

YES ☒NO ☐

PHONE

LAST NAME

MAHER

FIRST NAME

JORDANMIDDLE
INITIAL**M**STREET
NEW ADDRESS**120 S TULLOCH RD**

CITY

SNOHOMISH

ST

WA

ZIP

982907502

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**MAHERJM051NT**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**08****30****1995**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

9

EJECT

1HELMET
USE**1**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**AFU8880**

STATE

WA

VIN#

JHMCDS630SC065771TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

1995

MAKE

HOND

MODEL

ACD4D

STYLE

4DVEHICLE TOWED
YES ☐NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐NO ☒REGISTERED OWNER INFO. **OWNED BY DRIVER**LIABILITY INSURANCE
IN EFFECT☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDINGYES ☐NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

PEDESTRIAN

☐PROPERTY
OWNER☐

DAMAGE THRESHOLD MET

YES ☒NO ☐

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

UD.O.B.
MMDDYYYY**08****30****1995**ON DUTY ☐

STATUS

AIRBAG

9

RESTR.

9

EJECT

9HELMET
USE**9**INJURY
CLASS**0**

NATURE OF INJURIES

LICENSE
PLATE #**61967DP**

STATE

WA

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐NO ☒

REGISTERED OWNER INFO.

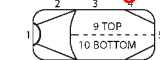
LIABILITY INSURANCE
IN EFFECT☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDINGYES ☐NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

R. RUTHERFORD

BADGE OR ID #

130

AGENCY

WA0311900

PAGE 01 OF 3

PART A 3000-345-159 R (7/06)


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E542060**CASE # **1600008329**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--------------------------|---------|--------------------------|--------|--|--------------|--|--------|--|--------|--------------------|-------|--|---------------|--|-----------------|--|--------------------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES |

NARRATIVE

I responded to a hit and run private property collision. Vehicle 1 driver said that she was passing in front of the Safeway store and then turned east down aisle 2 on the south side of the lot. Driver of vehicle 1 said she passed a burgundy colored sedan. Vehicle 1 driver said that she saw vehicle 1 start to back out of the stall. Driver of vehicle 1 said that she stopped and watched as vehicle 2 hit vehicle 1 in the left front quarter panel. Driver of vehicle 2 exited and blamed the accident on vehicle 1 driver. Driver of vehicle 2 said his name was "Dave". The driver of vehicle 1 obtained a license plate which does not appear to be a valid plate. The plate returns to an Odyssey Van and the driver of vehicle 1 described the suspect vehicle as a maroon old "police car" looking sedan

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD
05-04-16 06:12 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

M. HINGTGEN 0126

DATE

5/10/2016 5:09:29 PM

| | | | | | | | |
|---------------|------------|-------|------------------|------------------------|-----------------|---------------------|-----------------|
| BADGE OR ID # | 130 | ORI # | WA0311900 | TIME POLICE DISPATCHED | 11:12 AM | TIME POLICE ARRIVED | 11:15 AM |
|---------------|------------|-------|------------------|------------------------|-----------------|---------------------|-----------------|

REPORT NO. E542060

CASE # 1600008329

DATE AND TIME
OF COLLISION 05/03/16 11:10



Safeway 717 SR9 NE

